



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E368968**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	<b>14-02703</b>		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	<b>01</b>	OBJECT STRUCK	<b>OVER EMBANKMENT</b>

DATE OF COLLISION	M <b>10</b> D <b>28</b> Y <b>2014</b>	TIME (2400)	<b>1911</b>	COUNTY #	<b>31</b>	MILES	<b>0664</b>	CITY #	
		N <input type="checkbox"/> S <input type="checkbox"/>	E <input type="checkbox"/> W <input type="checkbox"/>			IN	<input checked="" type="checkbox"/>	OF	

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

SR **9** BLOCK NO. ☒ **700**

MILE POST ☐

DISTANCE **100** MILES ☐ **00** FEET ☒

OF (REFERENCE OR CROSS STREET) **SR 204**

N ☒ E ☐ S ☐ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE **D: 4253304608**

LAST NAME **BUCK** FIRST NAME **TAYLOR** MIDDLE INITIAL **M**

STREET NEW ADDRESS **3309 99TH DR SE**

CITY **EVERETT** ST **WA** ZIP **982053010**

GDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **BUCK\*TM063DG** STATE **WA** SEX **M** D.O.B. **03** - **07** - **1994**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **B18160E** STATE **WA** VIN# **1B7HF16Z11S168863**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2001** MAKE **DODG** MODEL **RAM** STYLE **PK** VEHICLE TOWED YES ☒ NO ☐ TOWED BY **RESCUE TOWING** GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **STATE FARM 291 1631-F06-47**

VEHICLE LEGALLY IS AVOIDING ☐ YES ☐ NO ☐ CITATION # ☐ CHARGE ☐



UNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE ☐

LAST NAME ☐ FIRST NAME ☐ MIDDLE INITIAL ☐

STREET NEW ADDRESS ☐

CITY ☐ ST ☐ ZIP ☐

GDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX ☐ D.O.B. ☐ - ☐ - ☐

ON DUTY ☐ STATUS ☐ AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS ☐ NATURE OF INJURIES

LICENSE PLATE # ☐ STATE ☐ VIN# ☐

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR ☐ MAKE ☐ MODEL ☐ STYLE ☐ VEHICLE TOWED YES ☐ NO ☐ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # ☐

VEHICLE LEGALLY IS AVOIDING ☐ YES ☐ NO ☐ CITATION # ☐ CHARGE ☐



OFFICER'S NAME (PRINT) **M. HINGTEN** BADGE OR ID # **126** AGENCY **WA0311900**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E368968**

CASE # **14-02703**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

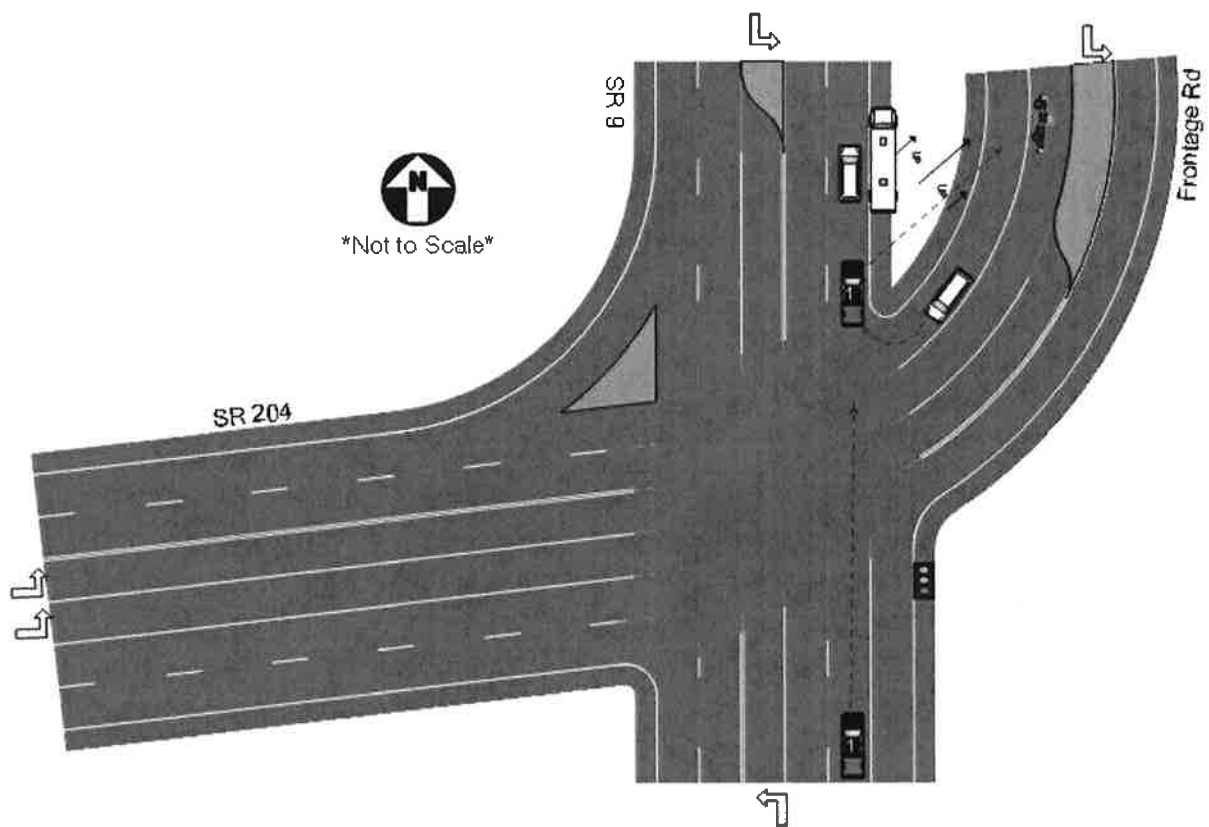
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>LOWERY TYLOR J</b>																	
ADDRESS & PHONE #		<b>7104 39TH ST NE MARYSVILLE WA 98270 4252995668</b>																	
SEX		<b>M</b>		D.O.B. MMDDYYYY		<b>02</b>		-		<b>21</b>		-		<b>1991</b>					
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>CHAVEZ JESSICA L</b>																	
ADDRESS & PHONE #		<b>3118 74TH DR NE MARYSVILLE WA 98270 8013621092</b>																	
SEX		<b>F</b>		D.O.B. MMDDYYYY		<b>12</b>		-		<b>13</b>		-		<b>1984</b>					
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY				-				-							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Veh #1 was traveling northbound on SR 9 NE, through the intersection of SR 9 NE and SR 204. Veh #1 was in Lane #2. A unknown white in color van, turned northbound on SR 9 from Frontage Rd, into Lane #2. The unknown white van failed to yield the right of way to Veh #1. Veh #1 applied the brakes rapidly attempting to avoid the collision with the unknown white van. Veh #1 swerved to the right shoulder attempting to avoid the van and a transit bus that was stopped at a posted bus stop. Veh #1 went up the shoulder embankment and it caused the truck to roll onto the 700 blk of Frontage Rd.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

<b>M. HINGTGEN</b>		<b>10-28-14 09:02 PM</b>			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED	
APPROVED BY		DATE		PLACE SIGNED	
<b>BOB SUMMERS 079</b>		<b>10/29/2014 4:20:49 AM</b>			
BADGE OR ID #	<b>126</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>7:11 PM</b>
				TIME POLICE ARRIVED	<b>7:14 PM</b>



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02703

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) LAWRENCE TAYLOR JONN	RACE W	ETH W	SEX M	DOB 02/21/1991	AGE 23	HGT 6'	WGT 150	HAIR BLK	EYES BLUE
STREET ADDRESS 7104 39th St NE		CITY MOUNTAIN VIEW			STATE WA		ZIP 98040		RES. STATUS HOME	
HOME PHONE 425-299-5668		CELL PHONE SAME			PLACE OF EMPLOYMENT TBC-BIO					
WORK PHONE		EMAIL ADDRESS								

I, Taylor Lawrence, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

As I came through the round about in Frontier Village I witnessed the driver's truck flipping after going up the embankment just missing the concrete transit yard. It looked as if the car that had cut me off had just barely missed swiping the bus in the act. I got out to help as he and his dog climbed out unharmed.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 10/28/14	LOCATION SIGNED LA STEVENS
OFFICER/NUMBER: 120	DATE SIGNED 10/28/14	LOCATION SIGNED LAKE STEVENS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02703

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Chavez, Jessica Lynn	RACE White	ETH Caucasian	SEX F	DOB 12/13/84	AGE 29	HGT 53	WGT 125	HAIR Bl	EYES Blue
STREET ADDRESS 3118 74th Dr. NE		CITY Marysville			STATE WA		ZIP 98270		RES. STATUS owner	
HOME PHONE 801-362-1092		CELL PHONE same			PLACE OF EMPLOYMENT Stay at home					
WORK PHONE		EMAIL ADDRESS brownjedjessica@gmail.com								

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving in roundabout on byway near Hwy 9 and Hawkkeys restaurant in Lake Stevens following a white van that 1) cut me off in the Safeway parking lot and 2) once approached the light at highway 9 and Hwy 204 stopped suddenly when light turned yellow, where I had to slam on my brakes. Driver of said van ~~at~~ bent over, did something in his/her car, and then proceeded to turn right on a red light as northbound traffic was coming through including victim. In order to avoid hitting bus, the victim (truck) swerved into ditch and went up over ledge and flipped his car.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Jessica L Chavez	DATE SIGNED 10/28/14	LOCATION SIGNED @ accident
OFFICER/NUMBER: [Signature] 126	DATE SIGNED 10/28/14	LOCATION SIGNED LAKE STEVENS

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# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 14-02703

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Taylor Buck	RACE W	ETH	SEX M	DOB 03-07-94	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 3509 99TH DR SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE		CELL PHONE			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, Taylor Buck, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was Driving Down Highway 9 and a mini van pulled out in front of me and i slammed on my Breaks Swerved around them and Rolled

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Taylor Buck</u>	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER: <u>277</u>	DATE SIGNED 10/28/14	LOCATION SIGNED LAKE STEVENS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

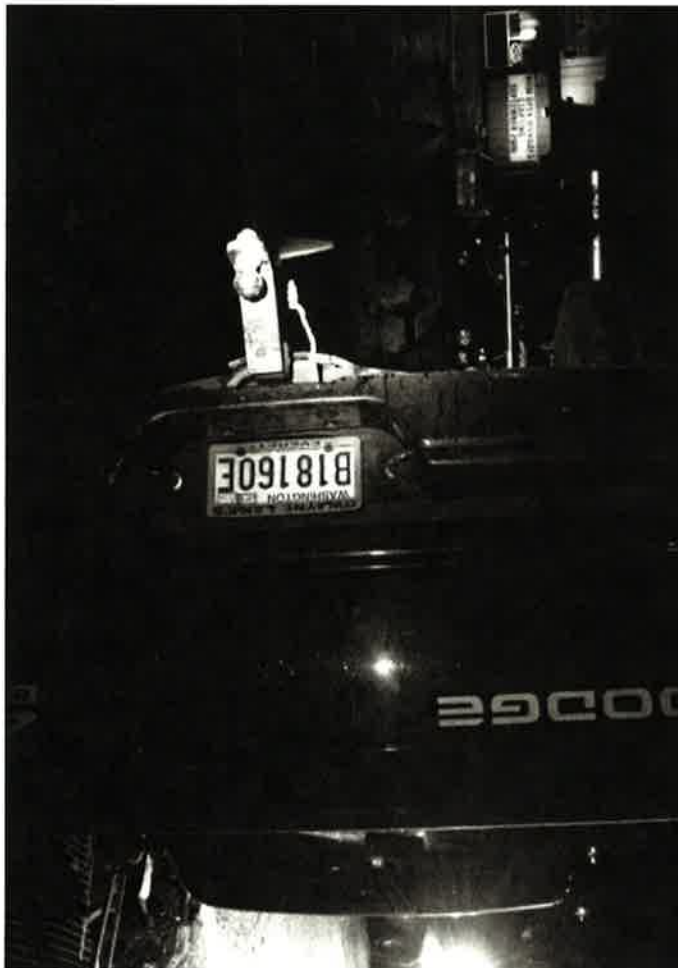
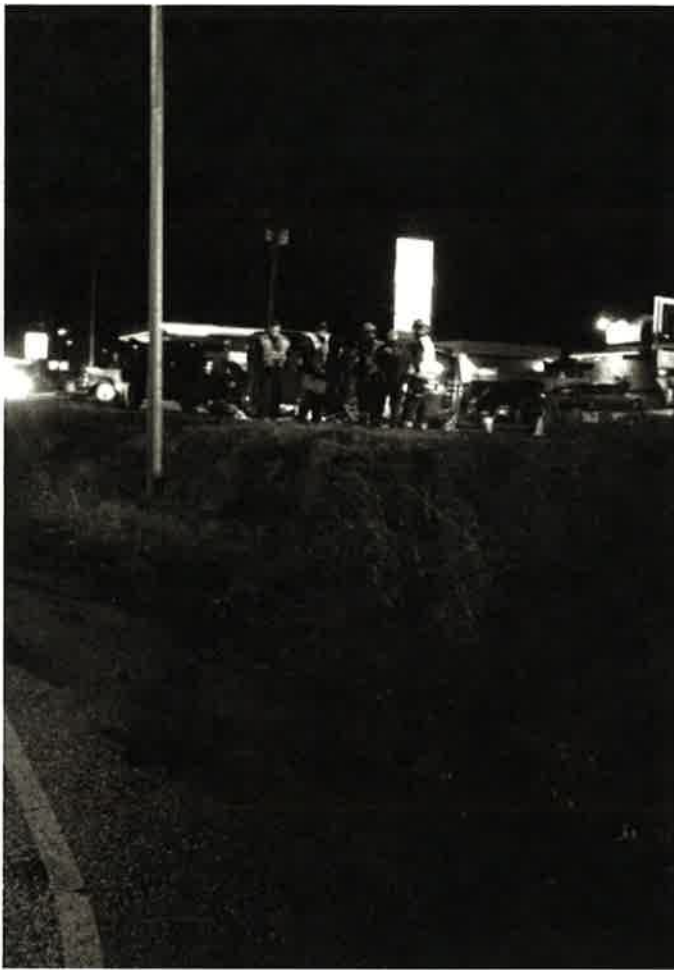
PAGE 1 OF 1

ORIGINAL

Case # 14-2703

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number WALLS 131		Case Number 14-2703						
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: Collision		Date/Time: 10/28/14 2200						
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification								
Item # CWI	Item C/O w/PHOTOS		Brand Name		Storage Location	Disposition				
	Brand/Model/Caliber (Further Description)									
	Serial #	Where Found	Weight of Narcotic							
Action #										
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here		
Owner Signature/Other remarks /additional information/ special instructions										
Item #	Item		Brand Name		Storage Location	Disposition				
	Brand/Model/Caliber (Further Description)									
	Serial #	Where Found	Weight of Narcotic							
Action #										
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here		
Owner Signature/Other remarks /additional information/ special instructions										
Item #	Item		Brand Name		Storage Location	Disposition				
	Brand/Model/Caliber (Further Description)									
	Serial #	Where Found	Weight of Narcotic							
Action #										
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here		
Owner Signature/Other remarks /additional information/ special instructions										
Item #	Item		Brand Name		Storage Location	Disposition				
	Brand/Model/Caliber (Further Description)									
	Serial #	Where Found	Weight of Narcotic							
Action #										
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here		
Owner Signature/Other remarks /additional information/ special instructions										
Item #	Item		Brand Name		Storage Location	Disposition				
	Brand/Model/Caliber (Further Description)									
	Serial #	Where Found	Weight of Narcotic							
Action #										
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here		
Owner Signature/Other remarks /additional information/ special instructions										
Item #	Item		Brand Name		Storage Location	Disposition				
	Brand/Model/Caliber (Further Description)									
	Serial #	Where Found	Weight of Narcotic							
Action #										
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here		
Owner Signature/Other remarks /additional information/ special instructions										
Evidence Control Use Only:										
Received by Evidence:		NCIC/WACIC		✓	Date:		CAD/RMS Checked		ROUTING:	
Name: _____ # _____		NCIC/WACIC +			Date:		Owner Letter Sent:		White: Property Room	
Date: _____ Time: _____		NCIC/WACIC -			Date:		Owner Letter Sent:		Yellow: Case File	

LSPD  
ORIGINAL



LSPD  
ORIGINAL



Incident History for: #SS14021482 Xref: #AG14003081

Case Numbers: \$SS14002703

Entered 10/28/14 19:11:20 BY SPDF26 SP0233  
Dispatched 10/28/14 19:11:56 BY SPDP17 SP0274  
Enroute 10/28/14 19:11:56  
Onscene 10/28/14 19:14:24  
Closed 10/28/14 20:02:12

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T

Loc: SR 204/SR 9 NE , LKS (V)

Loc Info:

Name: JULIETTE

Addr:

Phone: 3609275133

/1911 (SP0233) ENTRY , TK ROLLOVER UNK INJ, ON SR 204 IFO CHEVRON BIST  
RO AND PUB  
/1911 CROSS #AG14003081  
/1911 (SP0394) SUPP LOC: 700 FRONTAGE RD , LKS,  
TXT: AC, 1 VEH ROLLOVER, NON INJ, PARTIALLLY BLC  
KING  
/1911 (SP0274) AGCADV , BOLA  
/1911 DISPER 19N2 #SS126 HINGTGEN, OFFICER (MICHAEL)  
/1912 ASSTER 19N3 #SS131 WELLS, OFCR (CHAD)  
/1912 ASSTER 19S12 [SR 204/SR 9 NE , LKS]  
#SS79 SUMMERS, SGT (ROBERT)  
/1914 (SP0291) SUPP TXT: NEW RP SAYS TRUCK DRIVER TRYING TO ROLL TRU  
CK BACK OVER  
/1914 (SP0274) ONSCNE 19N3 B18160E  
/1915 (\*\*\*\*\*) REMINQ 19N3 LIC, 19N3, B18160E, , ,  
/1915 (SP0274) REMINQ 19N3 TOW 5745 LKS RESCUE TOWING  
/1916 ROTREQ 19N3 4253345821  
/1916 ONSCNE 19N2  
/1917 MISC 19N3 , RESCUE TOW ENRT  
/1918 ASNCAS 19N3 \$SS14002703  
/1919 (SS79 ) \*ONSCNE 19S12  
/1932 \*CLEAR 19S12 D/D  
/1936 (SP0326) MISC 19N3 , TOW OS  
/1947 CLEAR 19N3  
/1952 ROTREQ 19N2 TOWX 5745 LKS RESCUE TOWING  
4253345821  
/2002 CLEAR 19N2 D/G  
/2002 CLOSE 19N2  
/2002 CHANGE DSP: G  
---> H

LSPD  
ORIGINAL